

Supporting People with Special Needs/Circumstances
Wayne County 911 Special Project
Emergency Information

This form is to be used if there are special needs and/or circumstances in the household.

Please circle the preferred method of contact, as you will be contacted annually for an update of information provided:

Email or Phone

(Revised 2-5-15)

(If you do not receive an email during the month of October, please check your SPAM folder)

Person to contact: _____ Email address: _____

Telephone #: (include area code) (home) _____ (cell phone) _____

1. **Property Address:**

Mailing Address:

Telephone Number (include area code): _____

2. **Household Member and Special Needs and/or Circumstances:**

If you have any questions or need assistance regarding the completion of this form, please call Shannon Gill, CAD/911 Administrator at (570) 253-5970, extension 1915 or email: sgill2@waynecountypa.gov

Name	Date of birth	Serious medical conditions and/or circumstances (Please use key below as a guide and include other concerns)

KEY: * Ammunition/Firearms (indicate location) * Wheelchair and/or Oxygen dependent *Blind *Deaf (TTY)
* Intellectual Disability (please explain or call Shannon Gill for further clarification) *Autistic *Bedridden
* Medication Allergy (please list) * Possible hiding location if frightened * Service animal and/or aggressive)